

<b>TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT</b> (Under 37 CFR 1.97(b) or 1.97(c))					Docket No. <b>DUR-118</b>	
In Re Application Of: <b>Jeffrey G. Gibson</b>						
Application No. <b>10/680,559</b>	Filing Date <b>10/06/2003</b>	Examiner <b>Not Assigned</b>	Customer No. <b>27014</b>	Group Art Unit <b>3682</b>	Confirmation No. <b>4153</b>	
Title: <b>AUTOMOTIVE FOOT PEDAL AND METHOD OF MANUFACTURE</b>					<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b>  <b>SEP 08 2005</b>	
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450						
<b>37 CFR 1.97(b)</b>						
1. <input checked="" type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.						
<b>37 CFR 1.97(c)</b>						
2. <input type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:						
<input type="checkbox"/> the statement specified in 37 CFR 1.97(e);						
<b>OR</b>						
<input type="checkbox"/> the fee set forth in 37 CFR 1.17(p).						


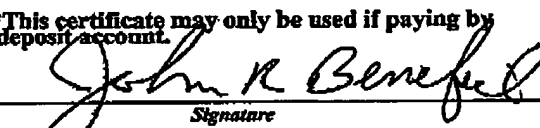
P10A/REV05

FROM :

FAX NO. : 2486446530

Sep. 08 2005 11:20AM

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<b>Payment of Fee</b> (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))						
<input type="checkbox"/> A check in the amount of _____ is attached. <input type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. _____ as described below. <input type="checkbox"/> Charge the amount of _____ <input type="checkbox"/> Credit any overpayment. <input type="checkbox"/> Charge any additional fee required. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
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P10A/REV06

PTC/SB/084 (08-03)

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Examiner Signature		Date Considered	
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